

APPLICATION FOR  
REVISION OF BUILDING

**City of Marlborough**  
**Inspectional Services**  
140 Main St. second floor  
Marlborough, MA 01752  
Phone # (508) 460-3776 Fax # (508) 460-3736

PERMIT

Permit Number to be revised: \_\_\_\_\_

Address of Work: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Email Address: \_\_\_\_\_

Revision made by:      Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Engineer/Architect: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date of revised material received: \_\_\_\_\_

Written scope of work attached:      YES: \_\_\_\_\_      NO: \_\_\_\_\_

Plan number sheets submitted: \_\_\_\_\_

Value of revised/additional work: \$ \_\_\_\_\_

Additional fee required: \$ \_\_\_\_\_

Description of revision: \_\_\_\_\_

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**For Office Use ONLY**

Zoning Review: \_\_\_\_\_

Building Code Review: \_\_\_\_\_

Final Approval: \_\_\_\_\_